

SUBCONTRACTOR'S & MATERIAL SUPPLIERS
APPLICATION FOR PAYMENT

SUBMITTED BY: _____

TO: Pro Construction, Inc.
2423C N. Marine Blvd.
Jacksonville, NC 28546

DATE: _____
REQUEST FOR PAYMENT NO. _____

JOB NO. _____

COST CODE _____

PERIOD _____ to _____

STATEMENT OF CONTRACT AMOUNT	Current	Total To Date
1 Original Contract Sum		_____
2 Net Change by Change Orders		_____
3 Contract Sum to Date (Lines 1 + 2)		_____
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4 Value of Work Completed to Date	_____	_____
5 Materials Stored on Site (Per Attached)	_____	_____
6 Total Value of Work Completed and Stored	_____	_____
7 Less Retainage _____ %	_____	_____
8 Total Earned Less Retainage	_____	_____
9 Less Previous Requests for Payment	_____	_____
10 Current Payment Due Before Other Deductions	_____	_____
LESS:		
11 Other Deductions (See Attachments)	_____	_____
12 Current Payment Due	_____	_____

CERTIFICATE OF SUBCONTRACTOR:

I hereby certify that the work performed and the materials supplied to date, as shown on the above represent the actual value of accomplishment under the terms of the contract (and all approved changes thereto) between the undersigned and the Contractor relating to the above referenced project. Additionally, I have provided all supplier and subcontractor invoices, as required, to demonstrate all accounts are current with them.

I also certify that the payment have been made through the period covered by previous applications for payment to all my subcontractors (sub-contractors) and for all material and labor (including all applicable taxes) used in connection with the performance of the Contract. I agree to act as fiduciary to hold all funds paid herein in trust for the benefit of my subcontractors (sub-contractors). I agree to compensate and hold Contractor harmless for all costs from sub-contractors or suppliers who, contrary to this certification, have not been paid by Subcontractor.

Upon acceptance of payment of this application the undersigned hereby waives any and all liens for work performed to and including the date shown above.

PROJECT MANAGER
APPROVAL: _____

SUBCONTRACTOR _____

OTHER APPROVAL: _____

BY _____

TITLE _____